

**DIVISION OF ADULT EDUCATION
INDIANA DEPARTMENT OF EDUCATION**

Corporation Code: _____ Corporation Name: _____
Term: Sum ☐ Fall ☐ Sp ☐ (Check One) Start Date: _____
Ending Date: _____

ADMINISTRATIVE AND SUPPORT COST FINAL REPORT FORM

FUNCTIONAL CATEGORIES	Salaries		Eligible Fringe Benefits	Materials/ Supplies	Printing/ Postage	Travel (Local)	Equipment	TOTAL
	Certified	Non- Certified						
01 Supervision								
02 Guidance Services								
03 Educational Media/Library Services								
04 Classroom Instructional Support/Aides								
05 Clerical								
06 Public Information/Recruitment								
07 Data Collection Processing & Reporting								
TOTAL								

We certify that the above report accurately represents administrative and support costs for the Adult Education Program for the period indicated and this report does not include costs which were supported by local school funds in the previous funding period unless approved under the conditions of a waiver granted by the State Board of Education on

Date

Corporation Superintendent

Authorized Fiscal Officer

Program Director (ABE)

Program Director (ASC)

Submit two (2) copies to:
Indiana Department of Education
Division of Adult Education
Room 229 State House
Indianapolis IN 46204-2798

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